TCEQ Logo, clouds on the horizon above the letters TCEQFinancial, Managerial, and Technical (FMT) Assistance Contract

Objective 2 Assignment: Consolidation Assessment

Instructions: Fill in all fields and then email the form to [FMT@tceq.texas.gov](mailto:FMT@tceq.texas.gov)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referred By: | Referred By | | | | |
|  | **System to be Consolidated:** | | | **Consolidating System:** | |
| System Name: | System Name | | | System Name | |
| Physical Location: | Physical Location | | | Physical Location | |
| County: | County | | | County | |
| TCEQ Region: | TCEQ Region Number | | | TCEQ Region Number | |
| PWS ID/WW Permit: | PWS ID or WW Permit Number | | | PWS ID or WW Permit Number | |
| CCN Number: | CCN Number | | | CCN Number | |
| Customer Reference: | CN | | | CN | |
| Regulated Entity: | RN | | | RN | |
| System Contact: | System Contact | | | System Contact | |
| Title: | Title | | | Title | |
| Primary Phone: | Primary Phone | | | Primary Phone | |
| Secondary Phone: | Secondary Phone | | | Secondary Phone | |
| Type of System to be Consolidated (select one): | | | | | |
| WSC | District | | Municipality | | IOU |
| Enforcement Information: | | | | | |
| In Enforcement: | Yes | | No | | Pending |
| Docket No: | Enforcement Docket Number | | | | |
| Nature of Referral: | | | | | |
| Nature of Referral | | | | | |
| Attachments: | | | | | |
| CCI | NOE/NOV | | Enforcement Order | | Correspondence |
| Other (explain): | Explanation of Other Attachment(s) | | | | |
| **To Be Completed By TCEQ:** | | | | | |
| Special Instructions: | | Special Instructions | | | |
| Assignment Date: | | Assignment Date | Log Number: | | X-Log Number |
| Priority: | | Routine | Medium | | High |